



RECEIVED  
CENTRAL FAX CENTER

FEB 17 2005

Western Digital Corporation  
20511 Lake Forest Drive, E110-G  
Lake Forest, California 92630

Tel: 949.672.7000  
Fax: 949.672.6604

DATE: February 17, 2005		
TO: COMMISSIONER FOR PATENTS, U.S. PATENT & TRADEMARK OFFICE		
FAX NO: (703) 872-9306		
NO. OF PAGES: Cover + 8		
<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b> I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.  Renee M. Franks Typed/Printed Name  Signature February 17, 2005 Date	APPLICATION NO.	10/816,271
	FILING DATE	03/31/2004
	FIRST NAMED INVENTOR	Kyusik SIN, et al.
	ART UNIT	2818
	CONFIRMATION NO.	8805
	EXAMINER	UNKNOWN
	ATTORNEY DOCKET NO.	K35R1807
TITLE	METHOD AND SYSTEM FOR CONTROLLING MRAM WRITE CURRENT TO REDUCE POWER CONSUMPTION	

**ATTACHED WITH THIS SUBMISSION:**

1. Transmittal Form (1 page)
2. Supplemental Application Data Sheet (7 pages)

**PLEASE CONFIRM RECEIPT OF THIS TRANSMISSION. IF THERE IS ANY PROBLEM WITH THIS TRANSMISSION, PLEASE CALL RENEE M. FRANKS AT (949) 672-7871.**

**CONFIDENTIALITY NOTE**

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION MAY BE LEGALLY PRIVILEGED AND IS CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IT IS EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW, INCLUDING COURT ORDERS, IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THIS FACSIMILE TRANSMISSION TO THE INTENDED RECIPIENT. YOU ARE HEREBY NOTIFIED THAT ANY USE, DISSEMINATION, DISTRIBUTION OR COPY OF THIS FACSIMILE TRANSMISSION OR ITS INFORMATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS FACSIMILE TRANSMISSION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEFAX OR TELEPHONE USING THE ABOVE NUMBERS AND AIRMAIL THIS FACSIMILE TRANSMISSION BACK TO US IMMEDIATELY. THANK YOU.

Y:\K35R\1800 - R1899\1807R1807\_Faxcover USPTO\_05.doc

**BEST AVAILABLE COPY**

PTO/52/2109-04)

Approved for use through 07/31/2005. OMB C89-0031

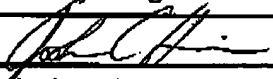
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number.

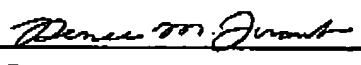
<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/816,271
	Filing Date	03/31/2004
	First Named Inventor	Kyusik SIN, et al.
	Art Unit	2818
	Examiner Name	UNKNOWN
Total Number of Pages in This Submission	Attorney Docket Number	K35R1807

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD  <div style="border: 1px solid black; padding: 2px;">Remarks</div>	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Supplemental Application Data Sheet (7 pages)

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Western Digital		
Signature			
Printed name	Joshua C. Harrison, Esq.		
Date	February 17, 2005	Reg. No.	45,686

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Renee M. Franks	Date	February 17, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**Application Data Sheet****Application Information**

Application Number:: 10/816,271  
Filing Date:: 03/31/2004  
Application Type:: REGULAR  
Subject Matter:: UTILITY  
Title:: METHOD AND SYSTEM FOR  
CONTROLLING MRAM WRITE CURRENT  
TO REDUCE POWER CONSUMPTION

Attorney Docket Number:: K35R1807  
Request for Early Publication?: NO  
Request for Non-Publication?: YES  
Total Drawing Sheets:: 4  
Small Entity:: NO  
Petition included?: NO

**Applicant Information**

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: REP KOREA  
Status:: FULL CAPACITY  
Given Name:: KYUSIK  
Middle Name::  
Family Name:: SIN  
Name Suffix::  
City of Residence:: PLEASANTON  
State of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 2831 DAYLILY COURT  
City of mailing address:: PLEASANTON  
State of mailing address:: CA  
Country of mailing address:: US

RECEIVED  
CENTRAL FAX CENTER

FEB 17 2005

Zip Code of mailing address:: 94588  
Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY  
Given Name:: HUGH  
Middle Name:: CRAIG  
Family Name:: HINER  
Name Suffix::  
City of Residence:: FREMONT  
State of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 41083 BERNIE STREET  
City of mailing address:: FREMONT  
State of mailing address:: CA  
Country of mailing address:: US  
Zip Code of mailing address:: 94539

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY  
Given Name:: XIZENG  
Middle Name:: (STONE)  
Family Name:: SHI  
Name Suffix::  
City of Residence:: FREMONT  
State of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 43587 EXCELSO DRIVE  
City of mailing address:: FREMONT  
State of mailing address:: CA

Country of mailing address:: US  
Zip Code of mailing address:: 94539

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY  
Given Name:: WILLIAM  
Middle Name:: D.  
Family Name:: JENSEN  
Name Suffix::  
City of Residence:: FREMONT  
State of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 665 AZEVEDO COMMON  
City of mailing address:: FREMONT  
State of mailing address:: CA  
Country of mailing address:: US  
Zip Code of mailing address:: 94539

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY  
Given Name:: HUA-CHING  
Middle Name::  
Family Name:: TONG  
Name Suffix::  
City of Residence:: SAN JOSE  
State of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 7184 JOSSLYN DRIVE  
City of mailing address:: SAN JOSE

-3- Supplemental 10816271 03/31/04 02/17/05

State of mailing address:: CA  
Country of mailing address:: US  
Zip Code of mailing address:: 95120

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY

Given Name:: MATTHEW  
Middle Name:: R  
Family Name:: GIBBONS  
Name Suffix::  
City of Residence:: DUBLIN  
State of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 8467 E. N. LAKE DRIVE  
City of mailing address:: DUBLIN  
State of mailing address:: CA  
Country of mailing address:: US  
Zip Code of mailing address:: 94568

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: ITALY  
Status:: FULL CAPACITY  
Given Name:: ROBERTO  
Middle Name::  
Family Name:: BEZ  
Name Suffix::  
City of Residence:: MILAN  
State of Residence:: ITALY  
Country of Residence:: ITALY  
Street of mailing address:: VIA C. OLIVETTI 2,  
20041 AGRATE BRIANZA

-4- Supplemental 10816271 03/31/04 02/17/05

City of mailing address:: MILAN

State of mailing address:: ITALY

Country of mailing address:: ITALY

Zip Code of mailing address::

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: ITALY

Status:: FULL CAPACITY

Given Name:: GIULIO

Middle Name::

Family Name:: CASAGRANDE

Name Suffix::

City of Residence:: MILAN

State of Residence:: ITALY

Country of Residence:: ITALY

Street of mailing address:: VIA P. SALA 11  
20060 VIGNATE (MI)

City of mailing address:: MILAN

State of mailing address:: ITALY

Country of mailing address:: ITALY

Zip Code of mailing address::

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: ITALY

Status:: FULL CAPACITY

Given Name:: PAOLO

Middle Name::

Family Name:: CAPPELETTI

Name Suffix::

City of Residence:: MILAN

State of Residence:: ITALY

Country of Residence:: ITALY  
 Street of mailing address:: CORSO GARIBOLDI 104  
 20030 SEVESA (MI)  
 City of mailing address:: MILAN  
 State of mailing address:: ITALY  
 Country of mailing address:: ITALY  
 Zip Code of mailing address::

Applicant Authority Type:: INVENTOR  
 Primary Citizenship Country::  
 Status:: FULL CAPACITY  
 Given Name:: MARCO  
 Middle Name::  
 Family Name:: PASOTTI  
 Name Suffix::  
 City of Residence:: PAVIA  
 State of Residence::  
 Country of Residence:: ITALY  
 Street of mailing address:: 27020 TRAVACO' SICCOMARIO (PV)  
 City of mailing address:: PAVIA  
 State of mailing address::  
 Country of mailing address:: ITALY  
 Zip Code of mailing address::

### Correspondence Information

Correspondence Customer Number::	38214
----------------------------------	-------

### Representative Information

Representative Designation::	Registration Number::	Representative Name::
<u>Primary</u>	<u>45,686</u>	<u>Joshua C. Harrison, Esq.</u>
Associate	39,367	Milad G. Shara, Esq.



<u>Associate</u>	<u>40,457</u>	<u>Won Tae C. Kim, Esq.</u>
Associate	40,095	Janyce R. Mitchell, Esq.

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Assignee Information**

Assignee name:: WESTERN DIGITAL (FREMONT), INC.  
Street of mailing address:: 44100 OSGOOD ROAD  
City of mailing address:: FREMONT  
State of mailing address:: CA  
Country of mailing address:: US  
Zip code of mailing address:: 94539

Assignee name:: STMICROELECTRONICS, S.R.L.  
Street of mailing address:: VIA C. OLIVETTI, 2, I-20041  
AGRATE BRIANZA  
City of mailing address:: MILAN  
State of mailing address::  
Country of mailing address:: ITALY  
Zip code of mailing address::

**This Page is Inserted by IFW Indexing and Scanning  
Operations and is not part of the Official Record**

**BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ BLACK BORDERS
- ☐ IMAGE CUT OFF AT TOP, BOTTOM OR SIDES
- ☐ FADED TEXT OR DRAWING
- ☐ BLURRED OR ILLEGIBLE TEXT OR DRAWING
- ☐ SKEWED/SLANTED IMAGES
- ☐ COLOR OR BLACK AND WHITE PHOTOGRAPHS
- ☒ GRAY SCALE DOCUMENTS
- ☒ LINES OR MARKS ON ORIGINAL DOCUMENT
- ☐ REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY
- ☐ OTHER: \_\_\_\_\_

**IMAGES ARE BEST AVAILABLE COPY.**

**As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.**